MICHAEL BUBLIK, M.D.

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STANDARD INSURANCE WAIVER FORM PLEASE SUBMIT YOUR CURRENT INSURANCE CARD FOR COPYING

Our office will file insurance for all reimbursable service, to both your primary and secondary insurance carriers. Please remember that you are responsible for all deductible, co-pay, and non-covered service amounts.

By signing, I understand that this office will submit claims to my insurance company for services rendered, however, I am ultimately financially responsible for my account. An authorization does not guarantee your coverage is current.

I authorize the release of any medical information necessary to process my claims.

Additionally I authorize payment of medical and surgical benefits directly to Michael Bublik, M.D., PC.

Print Name	Signature	
 Date		